JUN 15 2006

FAX

ATTN. Duc T. Doan

Fax Number 1571 273 8300

Phone Number 571 272 4171

FROM Volel Emile, Esq.

Fax Number 512 306 0240

Phone Number 512 306 7969

SUBJECT Response to 1st Office Action (10/660,070)

Volei Emile, Esq. 512 306 0240

Number of Pages 13

Date 6/15/2006

MESSAGE

This fax communication contains:

- 1. one copy of a Fax Transmittal Form;
- 2. one copy of a FeeTransmittal Letter, not including fee; and
- 3. one copy of the Response.

Volel

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of Information unless it displays a Valid OMS control purple). Under the Parerwork Reduction Act of 1995, no excess are absulted to resound Application Number TRANSMITTAL Filing Date 09/11/2003 **FORM** First Named Inventor Zachary Merlynn Loafmen Art Unit 2188 (to be used for all correspondence after initial filling) Examiner Name Duc T. Doan Attorney Docket Number AUS920030432US1 Total Number of Pages In This Submission ENCLOSURES (Check all that apply) After Allowance communication to Technology Center (TC) Fee Transmittel Form Drawing(a) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brisf, Reply Brisf) Fee Attached 1 Petition Amendment/Repty Petition to Convert to a Proprietary Information Provisional Application
Power of Attorney, Revocation
Change of Correspondence Address After Final Status Letter Affidavits/declaration(s) Other Enclosure(s) (please Terminal Displaimer Extension of Time Request identify below); Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Remarks Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1 52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Voiel Emile Individue Signatur Date 06/15/2006 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name Votel Emile Date 06/15/2008 Signature

This collection of Information is required by 37.6FR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is potentially 33 U.S.C. 123 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including nathering, preparing, and submitting the completed application targe to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Clief Information Office, U.S. Patient and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need easistance in completing the form, call 1-800-PTO-0190 and aclact option 2.

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Appl. No. 10/660,070

Response to 1st Office Action Transmittal dated 06/15/2006

Reply to Office Action of 03/15/2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of:

Zachary Merlynn Loafman

: Before the Examiner:

Serial No: 10/660,070

Duc T. Doan

Filed: 09/11/2003

: Group Art Unit: 2188

Title: SYSTEM AND METHOD OF

: Confirmation No.: 6184

SQUEEZING MEMORY SLABS

EMPTY

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

X No additional fee is required
____ The fee has been calculated as shown below:

Total	Cleime Remaining After Amendment		Highest No. Previously Pald For		Present Extra	Rate	Addit. Fee
	21	MINUS	21	=	0	x 50 =	\$ 0.00
Indep.	3	MINUS	3	=	0	x 200 =	\$ 0.00
1st	Prese	intation of Multi	x 360 =	\$ 0.00			

TOTAL S 0.00

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <u>09-0447</u>. A duplicate copy of this sheet is enclosed.

AUS920030432US1

Page 1 of 2

Please charge my Deposit Account No. <u>09-0447</u> in the amount of \$ <u>0.00</u>. A duplicate copy of this sheet is enclosed.

Appl. No. 10/660,070 Response to 1st Office Action Transmittal dated 06/15/2006 Reply to Office Action of 03/15/2006

- X Any additional fees required under 37 CFR §1.16 for the presentation of extra claims.
- X Any patent application processing fees under 37 CFR §1.17.

Respectfully Submitted

Volel Emile

Attorney for Applicants Registration No. 39,969

(512) 306-7969

AUS920030432US1

Appl. No. 10/660,070

Response to 1st Office Action dated 06/15/2006

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EMPTY

REQUEST FOR RECONSIDERATION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action of March 15, 2006, please consider the following Remarks.

A LIST OF THE PENDING CLAIMS begins on page 2 of this paper.

Remarks begin on page 6 of this paper.

AUS920030432US1

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